HCPCS Temporary National Coding decisions

I. CMS HCPCS National "K" Codes

K0541 Speech Generating Device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time

$$(TOS = A, P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 32, eff. 01/01/01)$$

K0542 Speech Generating Device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time

$$(TOS = A, P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 32, eff. 01/01/01)$$

K0543 Speech Generating Device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device

$$(TOS = A, P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 32, eff. 01/01/01)$$

K0544 Speech Generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

$$(TOS = A, P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 32, eff. 01/01/01)$$

K0545 Speech Generating software program, for personal computer or personal digital assistant (TOS = A, P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 32, eff. 01/01/01)

K0546 Accessory for speech generating device, mounting system (TOS = A, P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 32, eff. 01/01/01)

K0547 Accessory for speech generating device, not otherwise classified (TOS = P, R BETOS = D1E CIM = 60-23, COV = D, Pricing = 46, eff. 01/01/01)

K0548 INJECTION, INSULIN LISPRO, UP TO 50 UNITS (TOS = 1,P BETOS = O1E COV = C PRICING = 51 Short Description: Insulin lispro Code effective April 1, 2001)

K0549 Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress

(TOS= R BETOS= D1B COV= D CIM=60-18 Pricing= 36 Short Description: Hosp bed hvy dty xtra wide Code effective April 1, 2001) (NOTE: Code E0298 coverage indicator changed effective April 1, 2001 to "I" Not valid for Medicare with Pricing indicator of 00.)

K0550 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress

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(TOS= R BETOS= D1B COV= D CIM=60-18 Pricing= 36
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Short Description: Hosp bed xtra hvy dty x wide Code effective April 1, 2001)

K0551 RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP HOOKS, MOUNTS TO WHEELCHAIR FRAME, EACH

(TOS: APR BETOS: D1D CIM: 60-6 Cov: D Pricing: 32

Short Description: Residual limb support system Code effective July 1, 2001)

II. CMS HCPCS National "Q" Codes

Q3013 INJECTION, VERTEPORFIN, 15 MG

(TOS = 9 BETOS = 01E COV = D CIM = 45-30, 35-100 PRICING = 51

Short Description: Verteporfin for injection Code effective April 1, 2001)

Q3014 TELEHEALTH ORIGINATING SITE FACILITY FEE

(TOS: 9 BETOS: Y2 Jurisdiction: intermediaries + carriers

COV: C Pricing: 53 Effective Date: 10/01/01

Short description: Telehealth Facility Fee)

Q3017 Ambulance service, advanced life support (ALS) assessment, no other ALS services provided

(TOS = D BETOS = O1A COV = C effective date: 10/01/01

Pricing: 52 Short description: ALS assessment)

Q3018 Injection, hepatitis B vaccine, 5 mcg

(TOS = 1 BETOS = O1E COV = D MCM = 2049 Pricing = 54)

Short description: hepatitis B vaccine

Q4001 Cast supplies, body cast adult, with or without head, plaster (Short Description: Q4001 Cast sup body cast plaster)

Q4002 Cast supplies, body cast adult, with or without head, fiberglass (Short Description: Q4002 Cast sup body cast fiberglas)

Q4003 Cast supplies, shoulder cast, adult (11 years +), plaster (Short Description: Q4003 Cast sup shoulder cast plstr)

Q4004 Cast supplies, of shoulder cast, adult (11 years +), fiberglass (Short Description: Q4004 Cast sup shoulder cast fbrgl)

Q4005 Cast supplies, long arm cast, adult (11 years +), plaster (Short description: Q4005 Cast sup long arm adult plst)

Q4006 Cast supplies, long arm cast, adult (11 years +), fiberglass (Short description: Q4006 Cast sup long arm adult fbrg)

Q4007 Cast supplies, long arm cast, pediatric (0-10 years), plaster (Short description: Q4007 Cast sup long arm ped plster)

Q4008 Cast supplies, long arm cast, pediatric (0-10 years), fiberglass (Short description: Q4008 Cast sup long arm ped fbrgls)

Q4009 Cast supplies, short arm cast, adult (11 years +), plaster (Short description: Q4009 Cast sup sht arm adult plstr)

- Q4010 Cast supplies, short arm cast, adult (11 years +), fiberglass (Short description: Q4010 Cast sup sht arm adult fbrgl)
- Q4011 Cast supplies, short arm cast, pediatric (0-10 years), plaster (Short description: Q4011 Cast sup sht arm ped plaster
- Q4012 Cast supplies, short arm cast, pediatric (0-10 years), fiberglass (Short description: Q4012 Cast sup sht arm ped fbrglas
- Q4013 Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster
 (Short description: Q4013 Cast sup gauntlet plaster
- Q4014 Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass
 (Short description: Q4014 Cast sup gauntlet fiberglass
- Q4015 Cast supplies, gauntlet cast (includes lower forearm and hand, pediatric (0-10 years), plaster (Short description: Q4015 Cast sup gauntlet ped plster
- Q4016 Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass (Short description: Q4016 Cast sup gauntlet ped fbrgls
- Q4017 Cast supplies, long arm splint, adult (11 years +), plaster (Short description: Q4017 Cast sup lng arm splint plst
- Q4018 Cast supplies, long arm splint, adult (11 years +), fiberglass (Short description: Q4018 Cast sup lng arm splint fbrg
- Q4019 Cast supplies, long arm splint, pediatric (0-10 years), plaster (Short description: Q4019 Cast sup lng arm splnt ped p
- Q4020 Cast supplies, long arm splint, pediatric (0-10 years), fiberglass (Short description: Q4020 Cast sup lng arm splnt ped f
- Q4021 Cast supplies, short arm splint, adult (11 years +), plaster (Short description: Q4021 Cast sup sht arm splint plstr
- Q4022 Cast supplies, short arm splint, adult (11 years +), fiberglass (Short description: Q4022 Cast sup sht arm splint fbrg
- Q4023 Cast supplies, short arm splint, pediatric (0-10 years), plaster (Short description: Q4023 Cast sup sht arm splnt ped p
- Q4024 Cast supplies, short arm splint, pediatric (0-10 years), fiberglass (Short description: Q4024 Cast sup sht arm splnt ped f
- Q4025 Cast supplies, hip spica (one or both legs), adult (11 years +), plaster (Short description: Q4025 Cast sup hip spica plaster
- Q4026 Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass (Short description: Q4026 Cast sup hip spica fiberglas
- Q4027 Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster (Short description: Q4027 Cast sup hip spica ped plstr
- Q4028 Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass (Short description: Q4028 Cast sup hip spica ped fbrgl
- Q4029 Cast supplies, long leg cast, adult (11 years +), plaster (Short description: Q4029 Cast sup long leg plaster
- Q4030 Cast supplies, long leg cast, adult (11 years +), fiberglass (Short description: Q4030 Cast sup long leg fiberglass

- Q4031 Cast supplies, long leg cast, pediatric (0-10 years), plaster (Short description: Q4031 Cast sup lng leg ped plaster
- Q4032 Cast supplies, long leg cast, pediatric (0-10 years), fiberglass (Short description: Q4032 Cast sup lng leg ped fbrgls
- Q4033 Cast supplies, long leg cylinder cast, adult (11 years +), plaster (Short description: Q4033 Cast sup lng leg cylinder pl
- Q4034 Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass (Short description: Q4034 Cast sup lng leg cylinder fb
- Q4035 Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster (Short description: Q4035 Cast sup lngleg cylindr ped p
- Q4036 Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass (Short description: Q4036 Cast sup lngleg cylndr ped f
- Q4037 Cast supplies, short leg cast, adult (11 years +), plaster (Short description: Q4037 Cast sup shrt leg plaster
- Q4038 Cast supplies, short leg cast, adult (11 years +), fiberglass (Short description: Q4038 Cast sup shrt leg fiberglass
- Q4039 Cast supplies, short leg cast, pediatric (0-10 years), plaster (Short description: Q4039 Cast sup shrt leg ped plster
- Q4040 Cast supplies, short leg cast, pediatric (0-10 years), fiberglass (Short description: Q4040 Cast sup shrt leg ped fbrgls
- Q4041 Cast supplies, long leg splint, adult (11 years +), plaster (Short description: Q4041 Cast sup lng leg splnt plstr
- Q4042 Cast supplies, long leg splint, adult (11 years +), fiberglass (Short description: Q4042 Cast sup lng leg splnt fbrgl
- Q4043 Cast supplies, long leg splint, pediatric (0-10 years), plaster (Short description: Q4043 Cast sup lng leg splnt ped p
- Q4044 Cast supplies, long leg splint, pediatric (0-10 years), fiberglass (Short description: Q4044 Cast sup lng leg splnt ped f
- Q4045 Cast supplies, short leg splint, adult (11 years +), plaster (Short description: Q4045 Cast sup sht leg splnt plstr
- Q4046 Cast supplies, short leg splint, adult (11 years +), fiberglass (Short description: Q4046 Cast sup sht leg splnt fbrgl
- Q4047 Cast supplies, short leg splint, pediatric (0-10 years), plaster (Short description: Q4047 Cast sup sht leg splnt ped p
- Q4048 Cast supplies, short leg splint, pediatric (0-10 years), fiberglass (Short description: Q4048 Cast sup sht leg splnt ped f
- Q4049 Finger splint, static (Short description: Q4049 Finger splint, static
- $(TOS = S \quad BETOS = D1A \quad Cov = C \quad Pricing = 52 \quad Eff = 07/01/01)$
- Q4050 Cast supplies, for unlisted types and material of casts (Short description: Q4050 Cast supplies unlisted
- Q4051 Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

(Short description: Q4051 Splint supplies misc

(TOS = S BETOS = D1A Cov = C Pricing = 57 Eff = 07/01/01)

(Note: Codes A4570, A4580, A4590, L2102, L2104, L2122, and L2124 are

not valid for Medicare, effective 7/01/01. There will be a 3 month grace period until September 30, 2001 for these codes.)

III. CMS HCPCS National "G" Codes

Effective April 1, 2001

G0202 screening mammography, producing direct digital image, bilateral, all views

G0203 screening mammography, film processed to produce digital images analyzed for potential abnormalities, bilateral, all views

G0204 diagnostic mammography, producing direct digital image, bilateral, all views

G0205 diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views

G0206 diagnostic mammography, producing direct image, unilateral, all views

G0207 diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views

Code	Effective Date/DC date	Description

Glaucoma Screening Codes

1/1/02

G0210

Giaucoma Sc	reening Codes	<u>)</u>	
G0117	1/1/02	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	
G0118	1/1/02	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalomologist	
Pet Scan Codes			
G0210	7/1/01 - 12/31	/01 PET Imaging <i>whole body</i> ; diagnosis; lung cancer, non-small cell	

PET Imaging whole body; full- and partial-ring

PET scanners only, diagnosis; lung cancer, non-small cell

G0211	7/1/01 - 12/31/01	PET Imaging whole body; initial staging; lung cancer; non-small cell (replaces G0126)
G0211	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, initial staging; lung cancer; non-small cell (replaces G0126)
G0212	7/1/01 - 12/31/01	PET Imaging whole body; restaging; lung cancer; non-small cell
G0212	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, restaging; lung cancer; non-small cell
G0213	7/1/01 - 12/31/01	PET Imaging whole body; diagnosis; colorectal cancer
G0213	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, diagnosis; colorectal cancer
G0214	7/1/01 - 12/31/01	PET Imaging whole body; initial staging; colorectal cancer
G0214	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, initial staging; colorectal cancer
G0215	7/1/01 - 12/31/01	PET Imaging whole body; restaging; colorectal cancer (replaces G0163)
G0215	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, restaging; colorectal cancer (replaces G0163)
G0216	7/1/01 - 12/31/01	PET Imaging whole body; diagnosis; melanoma
G0216	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, diagnosis; melanoma
G0217	7/1/01 - 12/31/01	PET Imaging whole body; initial staging; melanoma
G0217	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, initial staging; melanoma
G0218	7/1/01 - 12/31/01	PET Imaging whole body; restaging; melanoma

G0218	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, restaging; melanoma (replaces G0165)
G0219	7/1/01 - 12/31/01	PET <i>Imaging</i> whole body; melanoma <i>for non-covered indications</i>
G0219	1/1/02	PET <i>Imaging</i> whole body; (full- and partial-ring PET scanners only,) for non-covered indications
G0220	7/1/01 - 12/31/01	PET Imaging whole body; diagnosis; lymphoma
G0220	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, diagnosis; lymphoma
G0221	7/1/01 - 12/31/01	PET Imaging whole body; initial staging; lymphoma (replaces G0164)
G0221	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, initial staging; lymphoma (replaces G0164)
G0222	7/1/01- 12/31/01	PET Imaging whole body; restaging; lymphoma (replaces G0164)
G0222	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, restaging; lymphoma (replaces G0164)
G0223	7/1/01 - 12/31/01	PET Imaging <i>whole body or regional</i> ; diagnosis; head and neck cancer; excluding thyroid and CNS cancers
G0223	1/1/02	PET Imaging whole body or regional; full- and partial-ring PET scanners only, diagnosis; head and neck cancer; excluding thyroid and CNS cancers
G0224	7/1/01 - 12/31/01	PET Imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers
G0224	1/1/02	PET Imaging whole body or regional; full- and partial-ring PET scanners only, initial staging; head and neck cancer; excluding thyroid and CNS cancers
G0225	7/1/01 - 12/31/01	PET Imaging whole body or regional; restaging;

		head and neck cancer, excluding thyroid and CNS cancers
G0226	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, diagnosis; esophageal cancer
G0227	7/01/01 - 12/31/01	PET Imaging whole body; initial staging; esophageal cancer
G0227	1/01/02	PET Imaging whole body; full- and partial-ring PET scanners only, initial staging; esophageal cancer
G0228	7/1/01 - 12/31/01	PET Imaging whole body; restaging; esophageal cancer
G0228	1/1/02	PET Imaging whole body; full- and partial-ring PET scanners only, restaging; esophageal cancer
G0229	7/1/01 - 12/31/01	PET Imaging; Metabolic brain imaging for presurgical evaluation of refractory seizures

G0229	1/1/02	PET Imaging; Metabolic brain imaging for presurgical evaluation of refractory seizures; full- and partial-ring PET scanners only	
G0230	7/1/01 - 12/31/01	PET Imaging; Metabolic assessment for myocardial viability following inconclusive SPECT study	
G0230	1/1/02	PET Imaging; Metabolic assessment for myocardial viability following inconclusive SPECT study; full- and partial-ring PET scanners only	
Codes for Ga	amma Cameras		
G0231	1/1/02	PET, whole body, for recurrence of colorectal of colorectal metastatic cancer; gamma cameras only	
G0232	1/1/02	PET, whole body, for staging and characterization of lymphoma; gamma cameras only	
G0233	1/1/02	PET, whole body, for recurrence of melanoma or melanoma metastatic cancer, gamma cameras only	
G0234	1/1/02 nodul	following CT, or for initial staging of diagnosed non-small	
cell lung cancer; gamma cameras only (G0235 -Not Assigned.)			
G0236	1/1/02	Digitization of film radiographic images with computer analysis for lesion detection and further physician review for interpretation, diagnostic mammography	
G0237	1/1/02	Therapeutic procedure to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes	
G0238	1/1/02	Therapeutic procedures to improve respiratory function, other than services described by G0237, one on one, face to face, per 15 minutes	
G0239	1/1/02	Therapeutic procedures to improve respiratory function, other than services described by G0237, two or more	
G0240	1/1/02	Bone marrow aspiration and bone marrow biopsy performed through same incision (interpretation to be billed separately)	

G0241 1/1/02

Bone marrow aspiration and bone marrow biopsy, through separate incisions, performed the same day (interpretation to be billed separately)

Demo Codes

G9009 10/01/01 Coordinated care fee risk adjusted maintenance - Level 3
Ongoing assessment, supervision, and education of patients with chronic illness(es) requiring complex or multidisciplinary care modalities involving periodic monitoring and revision of the plan of care. Includes ongoing assessments, data collection, communication with patient and other providers, integration of new information into the plan of care and/or modification of interventions. Reportable once per month by the coordinated care

entity.

G9010 10/01/01

Coordinated care fee risk adjusted maintenance - Level 4 Ongoing assessment, supervision, and education of patients with chronic illness(es) requiring complex or multidisciplinary care modalities involving periodic monitoring and revision of the plan of care. Includes ongoing assessments, data collection, communication with patient and other providers, integration of new information into the plan of care and/or modification of interventions. Reportable once per month by the coordinated care entity.

G9011 10/01/01

Coordinated care fee risk adjusted maintenance - Level 5 Ongoing assessment, supervision, and education of patients with chronic illness(es) requiring complex or multidisciplinary care modalities involving periodic monitoring and revision of the plan of care. Includes ongoing assessments, data collection, communication with patient and other providers, integration of new information into the plan of care and/or modification of interventions. Reportable once per month by the coordinated care entity.

G9012 10/01/01

Other specified case management service not elsewhere classified Other service provided by demonstration program for which payment is not otherwise incorporated into monthly case management fee or not specified in another code.

(G9013 - G9015 not assigned yet)

G9016 Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes)

Note: Smoking Cessation Counseling demonstration project. Part of the Health Aging Project. Joseph Chin, OCSQ, analyst. Tentatively selected states = AL, FL, OH, MO. Targeted to begin during the first Jan-March 2001. Proposal to reimburse physicians at rate of E/M level 1, (99401) as a Medicare Part B benefit (2 visits per 12 week cycle, maximum of 2 cycles per year).

IV. CMS HCPCS Temporary National "C" Codes

Contact Marjorie Baldo (<u>Mbaldo@cms.hhs.gov</u>) for web site to view the Temporary National "C" codes established for use in the Hospital Outpatient Prospective Payment system.

V. CMS HCPCS National Modifiers

- GB CLAIM BEING RE-SUBMITTED FOR PAYMENT BECAUSE IT IS NO LONGER COVERED UNDER A GLOBAL PAYMENT DEMONSTRATION (PRICING/PAYMENT MODIFIER EFFECTIVE 01/01/02 Coverage = C)
- GG PERFORMANCE AND PAYMENT OF A SCREENING MAMMOGRAM AND DIAGNOSTIC MAMMOGRAM ON THE SAME PATIENT, SAME DAY (Pricing/Payment modifier effective 01/01/02 Coverage = C Short Description = Payment screen mam + diagmam)
- GK ACTUAL ITEM/SERVICE ORDERED BY PHYSICIAN, ITEM ASSOCIATED WITH GA OR GZ MODIFIER

 (Pricing/Payment modifier effective 01/01/02 Coverage = C
 Short Description = Actual item/service ordered)
- GL MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF STANDARD ITEM, NO CHARGE, NO ADVANCE BENEFICIARY NOTICE (ABN)

 (Pricing/Payment modifier effective 01/01/02 Coverage = C
- GM Multiple patients on one ambulance trip (payment modifier, coverage C effective 1/01/02) Short description: Multiple transports

Short Description = Upgrade item, no charge)

GQ VIA ASYNCHRONOUS TELECOMMUNICATIONS SYSTEM (Jurisdiction: intermediaries + carriers COV: C Pricing: 53 Effective Date: 10/01/01 Short description: Telehealth Store and Forward)

VI. National HCPCS "S" Codes established for the Private Sector (Note: "S" codes are not valid for Medicare)

S0190 MIFEPRISTONE, ORAL, 200 MG

(Short Description: MIFEPRISTONE, ORAL, 200 MG, Code effective January 1, 2001)

S0191 MISOPROSTOL, ORAL, 200 MCG

(Short Description: MISOPROSTOL, ORAL, 200 MCG, Code effective January 1, 2001)

S0199 MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES (E.G., PATIENT COUNSELING, OFFICE VISITS, CONFIRMATION OF PREGNANCY BY HCG, ULTASOUND TO CONFIRM DURATION OF PREGNANCY, ULTRASOUND TO CONFIRM COMPLETION OF ABORTION) EXCEPT DRUGS. (Short Description: Med abortion inc all ex drug, Code effective January 1, 2001)

"S" codes added - effective July 1, 2001

S0206 Procedure performed in surgery suite in physician's office (List separately in addition to code for primary procedure to denote use of facility and equipment)

[short des - surgery in office]

S0500 Disposable contact lens, per lens [short des - dispos cont lens]

S0504 Single vision prescription lens (safety, athletic, or sunglass), per lens [short des - singl prscrp lens]

S0506 Bifocal vision prescription lens (safety, athletic, or sunglass), per lens [short des - bifoc prscrp lens]

S0508 Trifocal vision prescription lens (safety, athletic, or sunglass), per lens [short des - trifoc prscrp lens]

S0510 Non-prescription lens (safety, athletic, or sunglass), per lens [short des - non-prscrp lens]

S0512 Daily wear specialty contact lens, per lens [short des - daily cont lens]

S0514 Color contact lens, per lens [short des - color cont lens]

S0516 Safety eyeglass frames [short des - safety frames]

S0518 Sunglasses frames [short des - sunglass frames]

S0580 Polycarbonate lens (List this code in addition to the basic code for the lens) [short des - polycarb lens]

S0581 Nonstandard lens (List this code in addition to the basic code for the lens) [short des - nonstnd lens]

S0590 Integral lens service, miscellaneous services reported separately [short des - misc integral lens serv]

S0592 Comprehensive contact lens evaluation [short des - comp cont lens eval]

S0812 Phototherapeutic keratectomy (PTK) [short des - phototherap keratect]

S1001 Deluxe item, patient aware (List in addition to code for basic item) [short des - deluxe item]

S1002 Customized item (List in addition to code for basic item) [short des- custom item]

S2065 Simultaneous pancreas kidney transplantation [short des - simult panc kidn trans]

S2112 Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells) [short des - knee arthroscp harv]

S3818 Complete gene sequence analysis; BRCA 1 gene [short des - BRCA1 gene anal]

S3819 Complete gene sequence analysis; BRCA 2 gene [short des - BRCA2 gene anal]

S3900 Surface electromyography (EMG) [short des - surface EMG]

S4980 Levonorgestrel-releasing intrauterine system, each [short des - levonorgestrel ius]

S4981 Insertion of levonorgestrel-releasing intrauterine system [short des - insert levonorgestrel ius]

S8037 Magnetic resonance cholangiopancreatography (MRCP)

[short des - MRCP]

Add, modify and discontinue the following "S" codes, effective January 1, 2002:

Modifiers

- SA Nurse practitioner rendering service in collaboration with a physician
- SB Nurse midwife
- SC Medically necessary service or supply
- SD Services provided by registered nurse with specialized, highly technical home infusion Training

Codes to add

- S0079 Injection, octreotide acetate, 100mcg (for doses over 1 mg use J2352 or C1207)
- S0091 Ganisetron hydrochloride, 1 mg (for circumstances falling under the Medicare statute, use Q0166)
- S0092 Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)
- S0093 Injection, morphine sulfate, 500 mg (loading dose for infusion pump)
- S0155 Sterile dilutant for epoprostenol, 50 ml
- S0170 Anastrozole, oral, 1 mg
- S0171 Injection, bumetanide, 0.5 mg
- S0172 Chlorambucil, oral, 2 mg
- S0173 Dexamethasone, oral, 4 mg
- S0174 Dolasetron mesylate, oral, 50 mg (for circumstances falling under the Medicare statute, use Q0180)
- S0175 Flutamide, oral, 125 mg
- S0176 Hydroxyurea, oral, 500 mg
- S0177 Levamisole hydrochloride, oral, 50 mg

- S0178 Lomustine, oral, 10 mg
- S0179 Megestrol acetate, oral, 20 mg
- S0181 Ondansetron hydrochloride, oral, 4 mg (for circumstances falling under the Medicare statute, use Q0179)
- S0182 Procarbazine hydrochloride, oral, 50 mg
- S0183 Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164 --Q0165)
- S0187 Tamoxifen citrate, oral, 10 mg
- S0189 Testosterone pellet, 75 mg
- S0208 Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport
- S0209 Wheelchair van, mileage, per mile
- S0215 Non-emergency transportation; mileage
- S0250 Comprehensive geriatric assessment and treatment planning performed by assessment team
- S0255 Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff
- S0260 History and physical (outpatient or office) related to surgical procedure (List separately in addition to code for appropriate evaluation and management service)
- S0302 Completed Early Periodic Screening Diagnosis and Treatment (ESPDT) service (List in addition to code for appropriate evaluation and management service)
- S0310 Hospitalist services (List separately in addition to code for appropriate evaluation and management service)
- S0340 Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage
- S0341 Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage
- S0342 Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage

- S0395 Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
- S0400 Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)
- S0622 Physical exam for college, new or established patient (List separately in addition to appropriate evaluation and management code)
- S1025 Inhaled nitric oxide for the treatment of hypoxic respiratory failure in the neonate; per diem
- S1030 Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
- S1031 Continuous noninvasive glucose monitoring device, rental, including sensor, sensor placement, and download to monitor (for physician interpretation of data, use CPT code)
- S2080 Laser-assisted uvuolopalatoplasty (LAUP)
- S2115 Osteotomy, periacetabular, with internal fixation
- S2150 Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and 28 days of post-transplant care (including drugs; hospitalization; medical surgical, diagnostic and emergency services)
- S2250 Uterine artery embolization for uterine fibroids
- S2341 Chemodenervation of adductor muscle(s) of vocal cord
- S2342 Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral
- S2360 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical
- S2361 Each additional cervical vertebral body (list separately in addition to code for primary procedure)
- S2400 Repair, congenital hernia in the fetus, procedure performed in utero
- S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero
- S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
- S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

- S2404 Repair, myelomeningocele in the fetus, procedure performed in utero
- S2409 Repair, congenital malformation of fetal, procedure performed in utero, not otherwise classified
- S2410 Amnioreduction for treatment of twin-to-twin transfusion systemi
- S2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
- S3600 Stat laboratory request (situations other than S3601)
- S3601 Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility
- S3630 Eosinophil count, blood, direct
- S3701 Immunoassay for nuclear matrix protein 22 (NMP-22), quantitative
- S3830 Complete MLH1 and MLH2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
- S3831 Single-mutation analysis (in individual with a known MLH1 and MLH2 mutation in the family) for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
- S3835 Complete gene sequence analysis for cystic fibrosis genetic testing
- S3837 Complete gene sequence analysis for hemochromatosis genetic testing
- S4011 In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development
- S4015 Complete in vitro fertilization cycle, case rate
- S4016 Frozen in vitro fertilization cycle, case rate
- S4018 Frozen embryo transfer procedure cancelled before transfer, case rate
- S4020 In vitro fertilization procedure cancelled before aspiration, case rate
- S4021 In vitro fertilization procedure cancelled after aspiration, case rate
- S4022 Assisted oocyte fertilization, case rate
- S4025 Donor services for in vitro fertilization (sperm or embryo), case rate

- S4026 Procurement of donor sperm from sperm bank
- S4027 Storage of previously frozen embryo
- S4028 Microsurgical epididymal sperm aspiration (MESA)
- S4030 Sperm procurement and cryopreservation services; intial visit
- S4031 subsequent visit
- S4989 Contraceptive intrauterine device (e.g. Progestacert IUD), including implants and supplies
- S4990 Nicotine patches, legend
- S4991 Nicotine patches, non-legend
- S5035 Home infusion therapy, routine service of infusion device (e.g. pump maintenance)
- S5036 Home infusion therapy, repair of infusion device (e.g. pump repair)
- S5498 Home infusion therapy, catheter care/maintenance, simple (single lumen), includes all necessary supplies, per diem
- S5500 Home infusion therapy, catheter care/maintenance, simple (single lumen), including nursing services and supplies; per diem
- S5501 Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes all necessary supplies, per diem
- S5502 Maintenance of infusion catheter and multiple lumens, including nursing services and supplies; per diem
- S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency
- S5518 Home infusion therapy, all supplies necessary for catheter repair
- S5520 Home infusion therapy, all supplies necessary for PICC line insertion
- S5521 Home infusion therapy, all supplies necessary for midline catheter
- S5522 Home infusion therapy, insertion of PICC line (no supplies included)
- S5523 Home infusion therapy, insertion of midline catheter (no supplies included)

- S8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
- S8055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound guidance as ultrasound guidance is included in the CPT code for multifetal pregnancy reduction 59866)
- S8097 Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
- S8100 Holding chamber or spacer for use with an inhaler or nebulizer; without mask
- S8101 with mask
- S8180 Tracheostomy shower protector
- S8181 Tracheostomy tube holder
- S8182 Humidifier, heated, used with ventilator, non-servo-controlled
- S8183 Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring
- S8185 Flutter device
- S8186 Swivel adaptor
- S8189 Tracheostomy supply, not otherwise classified
- S8190 Electronic spirometer (or microspirometer)
- S8401 Child-sized incontinence garment, diaper, each
- S8403 Adult-sized incontinence garment, disposable, pull-up brief, each
- S8404 Child-sized incontinence garment, disposable, pull-up brief, each
- S8415 Supplies for home delivery of infant
- S8420 Gradient pressure aid (sleeve and glove combination), custom made
- S8421 Gradient pressure aid (sleeve and glove combination), ready made
- S8422 Gradient pressure aid (sleeve), custom made, medium weight
- S8423 Gradient pressure aid (sleeve), custom made, heavy weight

- S8424 Gradient pressure aid (sleeve), ready made
- S8425 Gradient pressure aid (glove), custom made, medium weight
- S8426 Gradient pressure aid (glove), custom made, heavy weight
- S8427 Gradient pressure aid (glove), ready made
- S8428 Gradient pressure aid (gauntlet), ready made
- S8429 Gradient pressure exterior wrap
- S8430 Padding for compression bandage, roll
- S8431 Compression bandage, roll
- S8450 Splint, prefabricated, digit (specify digit by use of modifier)
- S8451 Splint, prefabricated, wrist or ankle
- S8452 Splint, prefabricated, elbow
- S8490 Insulin syringes (100 syringes, any size)
- S9083 Global fee urgent care centers
- S9098 Home visit, phototherapy services (e.g. bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
- S9109 Congestive heart failure telemonitoring, equipment rental, including telescale, computer system and software, telephone connections, and maintenance, per month
- S9116 Home visit for teaching self administration of injections, nursing services, per diem
- S9117 Back school, per visit
- S9131 Physical therapy, in the home, per diem
- S9211 Home gestational hypertension management (includes administrative services, professional pharmacy services, and all necessary supplies); per diem
- S9212 Home postpartum hypertenseion management (includes administrative services, professional pharmacy services, and all necessary supplies), per diem
- S9213 Home preeclampsia management (includes administrative services, professional

- pharmacy services, and all necessary supplies); per diem
- S9214 Home gestational diabetes management (includes administrative services, professional pharmacy services, and all necessary supplies); per diem
- S9216 Nursing services and all necessary equipment and supplies for gestational hypertension program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight and fetal movement counting via a home data collection system, patient status reports, 24 hour/7 day a week nursing support, and all education to the patient and caregiver); per diem
- S9217 Nursing services and all necessary equipment and supplies for postpartum hypertension program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight, compliance management support, patient status reports, 24 hour/7 day a week nursing support, and all education to the patient and caregiver); per diem
- S9218 Nursing services and all necessary equipment and supplies for preeclampsia program (includes maternal assessment as needed, telephonic collection of blood pressure, urine protein, weight and daily fetal movement counting via a home data collection system, compliance management support, patient status reports, 24 hour/7 day a week nursing support, and all education to the patient and caregiver); per diem
- S9235 Home infusion therapy, continuous pain management infusion (IV or subcutaneous), administrative services, professional pharmacy services, all necessary supplies, (drug coded separately), per diem
- S9326 Home infusion therapy, continuours pain management infusion (epidural or intrathecal), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9327 Home infusion therapy, intermittent pain management infusion (IV or subcutaneous), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9328 Home infusion therapy, intermittent pain management infusion (IV or subcutaneous), nursing services, per visit
- S9329 Home infusion therapy, intermittent pain management infusion (epidural or intrathecal), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9330 Home infusion therapy, intermittent pain management infusion (epidural or intrathecal), nursing services, per visit
- S9331 Home infusion therapy, intermittent chemotherapy infusion, administrative services,

- professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9332 Home infusion therapy, intermittent chemotherapy infusion, nursing services, per visit (for continuous chemotherapy nursing services, use CPT codes)
- S9334 Home infusion therapy, bolus chemotherapy infusion, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9335 Home infusion therapy, bolus chemotherapy infusion, nursing services, per visit (for continuous chemotherapy nursing services, use CPT code)
- S9336 Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9338 Home infusion therapy, immunotherapy therapy, administrative services, professional pharmacy services, and all necessary supplies (drugs coded separately), per diem
- S9339 Home therapy, peritoneal dialysis, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9340 Home therapy, enteral nutrition via gravity, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9341 Home therapy, enteral nutrition via pump, nursing services, per visit (for enteral nutrition via gravity nursing services use CPT code)
- S9342 Home therapy, enteral nutrition via pump, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9343 Home therapy, enteral nutrition via bolus, nursing services, per visit (for enteral nutrition via gravity nursing services use CPT code)
- S9344 Home therapy, enteral nutrition via bolus, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9345 Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. Factor VIII), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9346 Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. Factor VIII), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem

- S9347 Home infusion therapy, uninterrupted long-term intravenous infusion therapy (e.g. epoprostenol), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9348 Home infusion therapy, sympathomimetic agent infusion therapy (e.g. dobutamine), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9349 Home infusion therapy, tocolytic infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9350 Home infusion therapy, continuous anti-emetic infusion therapy, nursing services, per visit
- S9351 Home infusion therapy, continuous anti-emetic infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9352 Home infusion therapy, continuous insulin infusion therapy, nursing services, per visit
- S9353 Home infusion therapy, continuous insulin infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9354 Home infusion therapy, chelation therapy, nursing services, per visit
- S9355 Home infusion therapy, chelation therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9356 Home infusion therapy, enzyme replacement intravenous therapy, (e.g. imiglucerase), nursing services, per visit
- S9357 Home infusion therapy, enzyme replacement intravenous therapy, (e.g. imiglucerase), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9358 Home infusion therapy, tumor necrosis factor inhibitor intravenous therapy (e.g. infliximab), nursing services, per visit
- S9359 Home infusion therapy, tumor necrosis factor inhibitor intravenous therapy (e.g. infliximab), administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9360 Home infusion therapy, diuretic intravenous therapy, nursing services, per visit
- S9361 Home infusion therapy, diuretic intravenous therapy, administrative services,

- professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9362 Home infusion therapy, anti-spasmotic intravenous therapy, nursing services, per visit
- S9363 Home infusion therapy, anti-spasmotic intravenous therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9364 Home infusion therapy, total parenteral nutrition (TPN), administrative services, professional pharmacy services, and all necessary supplies, per diem (do not use with home infusion codes S9365-S9368 using TPN daily volume scales)
- S9365 Home infusion therapy, total parenteral nutrition (TPN), one liter per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9366 Home infusion therapy, total parenteral nutrition (TPN), more than one liter but no more than two liters per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9367 Home infusion therapy, total parenteral nutrition (TPN), more than two liters but no more than three liters per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9368 Home infusion therapy, total parenteral nutrition (TPN), more than three liters per day, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9369 Home infusion therapy, intermittent anti-emetic infusion therapy, nursing services, per visit
- S9370 Home infusion therapy, intermittent anti-emetic infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9371 Home infusion therapy, intermittent anticoagulant infusion therapy, nursing services, per visit
- S9372 Home infusion therapy, intermittent anticoagulant infusion therapy, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)
- S9379 Home infusion therapy, infusion therapy not otherwise classified, administrative services, professional pharmacy services, and all necessary supplies

- S9380 Each additional therapy given on same day, administrative services, professional pharmacy services and all necessary supplies (list separately in addition to code for primary therapy)
- S9381 Delivery or service to high risk areas requiring escort or extra protection, per visitj
- S9441 Asthma education, non-physician provider, per session
- S9442 Birthing classes, non-physician provider, per session
- S9443 Lactation classes, non-physician provider, per session
- S9445 Patient education, not otherwise classified, non-physician provider, individual, per session
- S9446 Patient education, not otherwise classified, non-physician provider, group, per session
- S9494 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, administrative services, professional pharmacy services, and all necessary supplies, per diem (do not use with home infusion codes for hourly dosing schedules S9497-S9504)
- S9497 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 3 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9500 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 24 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9501 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 12 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9502 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 8 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9503 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 6 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9504 Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 4 hours, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately), per diem
- S9529 Routine venipuncture for collection of specimen(s), single home bound, nursing home, or

skilled nursing facility

- S9537 Home infusion therapy, hematopoietic hormone therapy (e.g. erythropoietin, G-CSF, GM-CSF) or platelets, intravenous or subcutaneous, administrative services, professional pharmacy services, and all necessary supplies (drug coded separately); per diem
- S9538 Home transfusion of blood products, administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9542 Home administration of medication, intramuscularly or subcutaneously, not otherwise classified, including administrative services, professional pharmacy services, and all necessary supplies, per diem
- S9981 Medical records copying fee, administrative
- S9982 Medical records copying fee, per page
- S9986 Not medically necessary service (patient is aware that services is not medically necessary)
- S9989 Services provided outside of the United States of America (List in addition to code(s) for service(s)

Codes to Delete (D*)

D*S0024	Injection, ciprofloxacin, 200 mg
D*S0029	Injection, fluconazole, 400 mg (prefer J1450 per 200 mg)
D*S0086	Injection, verteporfin, 15 mg
D*S0096	Injection, itraconazole, 200 mg
D*S2052	Transplantation of small intestine allograft (There are CPT codes available for intestinal allotransplantation – 44135 for graft from cadaver donor or 44136 for graft from living donor
D*S2210	Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver
D*S2220	Thrombectomy, coronary; by mechanical means (e.g. using rheolytic catheter)
D*S3906	Transfusion, direct, blood or blood components
D*S4980	Levonorgestrel-releasing intrauterine system, each

D*S5002	Fat emulsion 10% in 250 ml, with administration set
D*S5003	Fat emulsion 20% in 250 ml, with administration set
D*S5016	Antibiotic administration supplies (with pump), per day
D*S5017	Antibiotic administration supplies (without pump), per day
D*S5018	Pain therapy administration supplies (PCA or continuous), per day
D*S5022	Growth hormone therapy (e.g., Protropin, Humatrope)
D*S8001	Radiofrequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques, and placement of the electrode(s)
D*S8400	Incontinence pants, each
D*S8402	Diapers, each
D*S9023	133 Xenon regional cerebral blood flow studies
D*S9035	Medical equipment or supplies distributed by home care provider without professional nursing intervention, per day
D*S9085	Meniscal allograft transplantation
D*S9200	Nursing services and all necessary supplies (including PCA pump rental) for home administration of patient controlled analgesia (PCA) per diem (drugs not included)
D*S9210	Nursing services and all necessary equipment and supplies for continuous, uninterrupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem
D*S9220	Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (e.g. dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)
D*S9225	Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem use new CPT code
D*S9230	Nursing services and all necessary equipment and supplies for home administration of heparin, per diem

D*S9300	Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)
D*S9308	Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)
D*S9310	Nursing services and all necessary supplies for home parenteral nutrition without lipids, including pump rental, per diem (parenteral solutions not included)
D*S9395	Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)
D*S9423	Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem
D*S9425	Nursing services and all necessary supplies and additives for home IV chemotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)
D*S9533	Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies; daily (drugs not included)
D*S9535	Administration of hematopoietic hormones (e.g. erythropoietin, G-CSF, GM-CSF) or platelets, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
D*S9539	Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
D*S9545	Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
D*S9550	Home IV therapy, hydration fluids and electrolytes, including all nursing care, equipment, and supplies; per diem
D*S9555	Additional home infusion therapy, including all nursing care, equipment, and supplies; each therapy, per diem (S9555 should be used in addition to the code for the primary therapy)

^{*} Codes to change the descriptor effective January 1, 2002

^{*}S0021 Injection, cefoperazone sodium, 1 gram

*85020	services, professional pharmacy services and all necessary supplies (drug coded separately), per diem
*S5021	Home infusion therapy, hydration therapy, administrative services, professional pharmacy services, and all necessary supplies, per diem
*S8095	Wig (for medically-induced or congenital hair loss)
*S8405	Disposable liner/shield for incontinence, each
*S9601	Home administration of aerosolized drug therapy, administrative services, professional pharmacy services, all necessary supplies, and equipment rental; per diem
*S9088	Services provided in an urgent care center (List in addition to code for service)

VII. National HCPCS "T" Codes established for the State Medicaid Agencies (Note: "T" codes are not valid for Medicare)

T1000 PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES

T1001 NURSING ASSESSMENT/EVALUATION

T1002 RN SERVICES, UP TO 15 MINUTES

T1003 LPN/LVN SERVICES, UP TO 15 MINUTES

T1004 SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES

T1005 RESPITE CARE SERVICES, UP TO 15 MINUTES

T1006 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING (Short Description: Family/couple counseling)

T1007 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION (Shrt Descrip: Treatment plan development)

T1008 DAY TREATMENT FOR INDIVIDUAL
ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES

(Short Description: Day treatment for individual)

- T1009 CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (Short Description: Child sitting services)
- T1010 MEALS FOR INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN MEALS NOT INCLUDED IN THE PROGRAM)
 (Short Description: Meals when receive services)
- T1011 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, NOT OTHERWISE CLASSIFIED

 (Short Description: Alcohol/substance abuse noc)
- T1012 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT
- T1013 SIGN LANGUAGE OR ORAL INTERPRETER SERVICES
- (TOS: 9 BETOS: Z2 COV: I Pricing: 00 Effective Date: July 1, 2001)
- T1014 TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY

 (T0S = 9 BETOS = Z2 COVERAGE = I PRICING = 00 Short Description: Telehalth transmit, per min)

T1015 CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE (TOS = 1 BETOS = Z2 COV = I Pricing = 00) Short Description: Clinic service

VIII. HCPCS National "T" Modifiers

(Note: "T" modifiers are not valid for Medicare)

"TD" RN

(Short Description: RN)

"TE" LPN/LVN

(Short Description: LPN/LVN)

"TF" INTERMEDIATE LEVEL OF CARE

(Short Description: Intermediate level of care)

"TG" COMPLEX/HIGH TECH LEVEL OF CARE

(Short Description: Complex/high tech level care)

"TH" OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM

(Short Description: Ob tx/srvcs prenatl/postpart)

TJ" PROGRAM GROUP, CHILD AND/OR ADOLESCENT (Short Description: Child/Adolescent program gp)

(TMOD: Descriptive COV: I EFFECTIVE July 1, 2001.)

IX. HCPCS Local codes

W0233 IRON SUCROSE INJECTION, 20 MG (effective July 5, 2001 through December 31, 2001)

W0235 DOXERCALCIFEROL, 4MCG (effective July 5, 2001 through December 31, 2001)

2001 HCPCS CODES FOR DISCONTINUATION IN THE YEAR 2001

d/c code K0008 termination 6/30//01

d/c code K0013 termination date 6/30/01

d/c code K0541 termination date 12/31/01

d/c code K0547 termination date 12/31/01

d/c "GU" modifier termination dare 12/31/01

d/c "GX" modifier termination date 12/31/01

October 5,2001/CKR